

INDUSTRIAL REFUSE COLLECTOR APPLICATION AND PERMIT

Section A

To be completed by Applicant

Name of Individual or Organization: _____

DBA: _____

Address: _____

Telephone Number: (____) _____

Describe Business/Nature of Work: _____

Estimated Gross Receipts for the next quarter: \$ _____

Estimated Annual Gross Receipts: \$ _____

CERTIFICATIONS

Read each of the statements below. After you have read and understand them, please sign and date in the space provided at the end of this section.

- A. I have read the "Terms and Conditions for Industrial Refuse Collection Permit", understand their contents, have supplied true and correct information herein to the best of my knowledge, and will comply with said terms and conditions.
- B. I understand falsification or misrepresentation on my part of any information constitutes grounds for denial of this application, or for revocation of any permit which may be hereafter granted, should any of the conditions under which it was granted be violated.
- C. I understand a non-refundable permit fee of \$500 is due at the time of application and annually thereafter concurrently with the franchise fee.
- D. I certify I will comply with the reporting of gross receipts and annual payment of franchise fee and permit fee.
- E. I certify I will comply with the quarterly reporting of all tonnage data and information on the industrial waste stream volume required under State solid waste reduction statutes.

F. I certify I will comply with all pertinent provisions of the Lodi Municipal Code, and all other applicable laws and regulations.

Signature of Applicant

Date

SECTION B

Completed by City

1. Processing checklist:

- () Permit and Franchise Fees submitted to the Finance Department
- () Certificate of Insurance received and approved
- () Proof of Inspection by California Highway Patrol and/or San Joaquin County Health Department of all vehicles used
- () Bond for potential defaults or failures to pay franchise fee

Bond Amount \$ _____

Finance Director Approval _____

2. Approval of Permit:

The undersigned hereby approves the issuance of a permit to the applicant which expires upon written notice.

Authorized Signature

Date

Please mail this application (Exhibit A) and all information on the processing checklist above to:

Public Works Department
City of Lodi
P. O. Box 3006
Lodi, CA 95241-1910

A self-addressed envelope marked Exhibit A is enclosed for your convenience.